Application Data Sheet

Application Information

| Application Type:: | Regular |
|--------------------------------|-----------------------------|
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Title:: | Sliding Patellar Prosthesis |
| Request for Early Publication | n?:: No |
| Request for Non-Publication | ?:: No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 15 |
| Small Entity:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl | .?:: No |
| Applicant Information | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | US |
| Status:: | Full Capacity |
| Given Name: | Luke |
| Family Name:: | Aram |
| City of Residence:: | Warsaw |
| State or Province of Residence | e:: Indiana |
| | |

| Country of Residence:: | US |
|---|--------------------|
| Street of mailing address:: | 1311 Oriole Drive |
| City of mailing address:: | Warsaw |
| State or Province of mailing address:: | Indiana |
| Postal or Zip Code of mailing address:: | 46580 |
| Applicant Information | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | US |
| Status:: | Full Capacity |
| Given Name: | Adam Iredell |
| Family Name:: | Hayden |
| City of Residence:: | Fort Wayne |
| State or Province of Residence:: | Indiana |
| Country of Residence:: | US |
| Street of mailing address:: | 9309 Sail Wind Dr. |
| City of mailing address:: | Fort Wayne |
| State or Province of mailing address:: | Indiana |

Applicant Information

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country: Canada

Status:: Full Capacity

Given Name: Dan

46804

Family Name::

Auger

City of Residence::

Fort Wayne

State or Province of Residence::

Indiana

Country of Residence::

US

Street of mailing address::

6409 Post Road

City of mailing address::

Fort Wayne

State or Province of mailing address::

Indiana

Postal or Zip Code of mailing address::

46814

Applicant Information

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Jordan Soonja

Family Name::

Lee

City of Residence::

Warsaw

State or Province of Residence::

Indiana

Country of Residence::

· US

Street of mailing address::

3109 E. 100 N.

City of mailing address::

Warsaw

State or Province of mailing address::

Indiana

Postal or Zip Code of mailing address::

46582

| Corres | pondence | Inform | ation |
|--------|----------|--------|-------|
|--------|----------|--------|-------|

Correspondence Customer Number:: 28078

Name:: Paul J. Maginot

Street of mailing Address:: 111 Monument Circle, Suite 3000

City of mailing Address:: Indianapolis ·

State or Province of mailing address:: Indiana

Country of mailing address:: US

Postal or Zip Code of mailing address:: 46204-5115

Phone number:: 317-638-2922

Fax number:: 317-638-2139

E-mail address:: pjmaginot@maginot.com

Representative Information

| Representative Customer Number: | |
|---------------------------------|-------|
| | 28078 |
| | |
| | |

Domestic Priority Information

| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
|---------------|------------------|----------------------|----------------------|
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